

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 100155913 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	4					
8	2					
9	2					
10	2					
11	1					
12	1					
13	1					
14	1					
15	2					
16	2					
17	2					
18	2					
19	2					
20	3					
21	3					
22	1					
23	1					
24	1					
25	2					
26	①					
27	1					
28	2					
29	1					
30	3					
31	①					
32	2					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	2					
49	2					
50	1					
TOTAL IND.	51					
TOTAL DEP.	23					
TOTAL CLAIMS	72					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52	1	1				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1	1				
TOTAL DEP.	1	1				
TOTAL CLAIMS	2	2				